

05-718

**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**

William J. Hammons

Plaintiff

v.

Thomas Carroll, Warden

Defendant(s)

**APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**

CASE NUMBER:

I, William J. Hammons declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)
- If "YES" state the place of your incarceration: DELAWARE CORRECTIONAL CENTER
- Inmate Identification Number (Required): # 00166139
- OCT 12 2005
U.S. DISTRICT COURT
DISTRICT OF DELAWARE

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No
- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.
3. In the past 12 twelve months have you received any money from any of the following sources?
- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes • ☒ No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes • ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

9-29-05
DATE

William J. Hammons
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account his/her credit at (name of institution) Delaware Correctional Center

I further certify that the applicant has the following securities to his/her credit:

N/A

I further certify that during the past six months the applicant's average monthly balance was \$ 1.15
and the average monthly deposits were \$ 4.17

10/15/05
Date

Stacy Shano
Signature of Authorized Officer

(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)

DELAWARE CORRECTIONAL CENTER
INMATE REQUEST FOR CERTIFIED TRUST FUND
ACCOUNT STATEMENT OF PRIOR SIX MONTH PERIOD

TO: Mr. Joseph Hudson, Manager
Delaware Correctional Center
Smyrna, Delaware 19977

Date: 9-29, 05

FROM: William J. Hammons
Inmate Name (Please Print Name)

SBI# 166139

- I HEREBY CERTIFY -

Pursuant to the Prison Litigation Reform Act, 28 U.S.C. 1915 (a) (2), effective April 26, 1996, I am requesting a certified Statement of my Institution Trust Fund Account for the previous six month period. Please forward same to me.

William J. Hammons
Signature
(28 U.S.C. 1746 and 18 U.S.C. 1621)

Certificate of Service

I, William J. Hammons, hereby certify that I have served a true
and correct cop(ies) of the attached: Application TO proceed without
pre-payment OF FEES and AFFIDAVIT upon the following
PURSUANT TO 28 USC. § 1915
parties/person (s):

TO: United States District Court TO: _____
844 King St. _____
Wilm., DE. 19801 _____

TO: _____ TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

On this 7th day of October, 2005

William J. Hammons

William J. Hermanns
#166139
Del. Core. Ctr.
1181 Paddock Rd.
Smyrna, DE. 19977

~~Legal~~

United States District Court
District of Delaware
844 King St.
Wilm., DE. 19801



U.S.M.S.
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